


Please type or print all information. Please read instructions on reverse.

 U.S. Environmental Protection Agency Office of Drinking Water Washington, DC 20460 UIC Federal Reporting System Part I: Permit Review and Issuance/ Wells in Areas of Review (This information is solicited under <u>the authority of the Safe Drinking Water Act</u>)					I. Name and Address of Reporting Agency WV Dept. of Environmental Protection Division of Water and Waste Management Attn: Connie Anderson 601 57th St, SE Charleston, WV 25304						
1-Oct-14 III. State Contact <i>name, telephone no.</i> Connie Anderson, 304 926 0499 Ext. 1073					IV. Reporting Period (month, year) From October 1, 2013 To September 30, 2014						
Item					Class and Type of Injection Wells						
					1	II			III	IV	V
						SWD 2	ER 2R	HC 2H			
V. Permit Application	Number of Permit Applications Received					18	2	0	1		53
VI. Permit Determination	Permit Issued	A	Number of Individual Permits Issued (One well)	New Wells			0	0		15	
			Existing Wells		17	0	0	0	0		
		B	Number of Area Permits Issued* (Multiple wells) (*See instructions on back)	New Well Field		0	0	0	0		31
			Existing Well Field		0	5	0	0		0	
		C	Number of Wells in Area Permits (See B above)	New Wells		0	0	0	0		209
				Existing Wells		0	194	0	0		0
	Permit Not Issued	D	Number of Permits Denied/Withdrawn (after complete technical review)		2	0	0	0		0	
	Modification Issued	E	Number of Major Permit Modifications Approved		0	0	0	0		0	
VII. Permit File Review	Number of Rule-Authorized Class II Wells Reviewed			Wells Reviewed		0	0	0	0		0
				Wells Deficient		0	0	0	0		0
				Abandoned Wells		3	55	0	0		0
VIII. Area of Review (AOR)	Wells Reviewed	A	Number of Wells in Area of Review	Other Wells		12	450	0	0		0
	Abandoned Wells				0	0	0	0		0	
	Wells Identified for C/A	B	Number of Wells Identified for Corrective Action	Other Wells		0	0	0	0		0
				Other Wells		0	0	0	0		0
	Wells with C/A	C	1. Number of Wells in AOR with Casing Repaired/Recemented C/A 2. Number of Active Wells in AOR Plugged/Abandoned 3. Number of Abandoned Wells in AOR Replugged 4. Number of Wells in AOR with "Other" Corrective Action (On Order)		0	0	0	0		0	
					0	0	0	0		0	
					0	0	0	0		0	
					0	0	0	0		0	
IX. Remarks/Ad Hoc Report (Attach additional sheets if necessary)											
Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.											
Signature and Typed or Printed Name and Title of Person Completing Form Danny Wandling ERS <i>Danny Wandling</i>									Date 10/1/2014	Telephone No. 304 389 7622	

Please type or print all information. Please read instructions on reverse.

U.S. Environmental Protection Agency Office of Drinking Water Washington, DC 20460 UIC Federal Reporting System Part II A: Compliance Evaluation (This information is solicited under the authority of the Safe Drinking Water Act)				I. Name and Address of Reporting Agency <div style="text-align: center;"> WV Dept. of Environmental Protection Division of Water and Waste Management Attn: Connie Anderson 601 57th St., SE Charleston, WV 25304 </div>									
II. Date Prepared (month, day, year) October 1, 2014		III. State Contact <i>name, telephone no.</i> Connie Anderson, 304 926 0499 Ext 1073		IV. Reporting Period (month, year) <table style="width:100%;"> <tr> <td style="width:50%;">From</td> <td style="width:50%;">To</td> </tr> <tr> <td>October 1, 2013</td> <td>September 30, 2014</td> </tr> </table>						From	To	October 1, 2013	September 30, 2014
From	To												
October 1, 2013	September 30, 2014												
Item				Class and Type of Injection Wells									
				1	II			III	IV	V			
					SWD 2	ER 2R	HC 2H						
V. Summary of Violations	Total Wells	A	Number of Wells with Violations		40	3	0	0		63			
	Total Violations	B	1. Number of Unauthorized Injection Violations		1	0	0	0		56			
			2. Number of Mechanical Integrity Violations		1	1	0	0		0			
			3. Number of Operation and Maintenance Violations		5	0	0	0		0			
			4. Number of Plugging and Abandonment Violations		8	0	0	0		0			
			5. Number of Monitoring and Reporting Violations		0	0	0	0		7			
			6. Number of Other Violations (Specify) /MVWDWs		16	0	0	0		56			
VI. Summary of Enforcement	Total Wells	A	Number of Wells with Enforcement Actions		25	0	0	0		63			
	Total Enforcement Actions	B	1. Number of Notices of Violation		24	2	0	0		0			
			2. Number of Consent Agreements		0	0	0	0		0			
			3. Number of Administrative Orders		18	0	0	0		0			
			4. Number of Civil Referrals		0	0	0	0		0			
			5. Number of Criminal Referrals		0	0	0	0		0			
			6. Number of Well Shut-ins		1	36	0	0		0			
			7. Number of Pipeline Severances		0	0	0	0		0			
			8. Number of Other Enforcement Actions (Specify) Verbal /Letters		0	0	0	0		63			
VII. Summary of Compliance	Number of Wells Returned to Compliance		A. This Quarter		0	0	0	0		22			
			B. This Year		4	0	0	0		56			
VIII. Contamination	Number of Cases of Alleged Contamination of USDW			0	0	0	0		0				
IX. MIT Resolved	Percent of MIT Violations Resolved in 90 Days			100	0	0	0		0				
X. Remarks/Ad Hoc Report (Attach additional sheets)													
Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.													
Signature and Typed or Printed Name and Title of Person Completing Form Danny Wandling ERS								Date 10/1/2014	Phone No. 304 389 7622				

Please type or print all information. Please read instructions on reverse.

 U.S. Environmental Protection Agency Office of Drinking Water Washington, DC 20460 UIC Federal Reporting System Part II B: Compliance Evaluation Significant Noncompliance (This information is solicited under the authority of the Safe Drinking Water Act)				I. Name and Address of Reporting Agency WV Dept. of Environmental Protection Division of Water and Waste Management Attn: Connie Anderson 601 57th St., SE Charleston, WV 25304						
II. Date Prepared (month, day, year) 10/1/2014		III. State Contact name, telephone no.) Connie Anderson, 304 926 0499 Ext 1073		IV. Reporting Period (month, year) From October 1, 2013 To September 30, 2014						
Item				Class and Type of Injection Wells						
				1	II					
					SWD 2	ER 2R	HC 2H	III	IV	V
V. Summary of Significant Non- Compliance (SNC)	Total Wells	A	Number of Wells with SNC Violations		9	0	0	0		56
	Total Violations	B	1. Number of Unauthorized Injection SNC Violations		0	0	0	0		56
			2. Number of Mechanical Integrity SNC Violations		3	0	0	0		0
			3. Number of Injection Pressure SNC Violations		1	0	0	0		0
			4. Number of Plugging and Abandonment SNC Violations		9	0	0	0		0
			5. Number of SNC Violations of Formal Orders		0	0	0	0		0
			6. Number of Falsification SNC Violations		0	0	0	0		0
			7. Number of Other SNC Violations (Specify) MVWDWs		0	0	0	0		56
VI. Summary of Enforcement Against SNC	Total Wells	A	Number of Wells with Enforcement Actions Against SNC		0	0	0	0		56
	Total Enforcement Actions	B	1. Number of Notices of Violation		9	0	0	0		0
			2. Number of Consent Agreements/Orders		0	0	0	0		0
			3. Number of Administrative Orders		0	0	0	0		0
			4. Number of Civil Referrals		0	0	0	0		0
			5. Number of Criminal Referrals		0	0	0	0		0
			6. Number of Well Shut-ins		2	36	0	0		0
			7. Number of Pipeline Severances		0	0	0	0		0
8. Number of Other Enforcement Actions Against SNC Violations (Specify) Verbal		0	0	0	0		56			
VII. Summary of Compliance	Number of Wells in SNC Returned to Compliance	A. This Quarter		0	0	0		22		
		B. This Year		2	0	0	0		56	
VIII. Contamination	Number of Cases of Alleged Contamination of USDW				0	0	0	0		0
IX. Well Closure	Class IV/Endangering Class V Well Closures			Involuntary Well Closure					56	
				Voluntary Well Closure					0	
Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.										
Signature and Typed or Printed Name and Title of Person Completing Form Danny Wandling ERS								Date 10/1/2014	Phone 304 389 7622	

Please type or print all information. Please read instructions on reverse.

U.S. Environmental Protection Agency Office of Drinking Water Washington, DC 20460 UIC Federal Reporting System Part III: Inspections (This information is solicited under the authority of the Safe Drinking Water Act)					I. Name and Address of Reporting Agency WV Dept. of Environmental Protection Division of Water and Waste Management Attn: Connie Anderson 601 57th St., SE Charleston, WV 25304							
II. Date Prepared (month, day, year) 1-Oct-14		III. State Contact (name, telephone no.) Connie Anderson 304 926 0499 Ext 1073			IV. Reporting Period (month, year) October 1, 2013 30-Sep-14							
Item					Class and Type of Injection Wells							
					1	II			III	IV	V	
						SWD 2	ER 2R	HC 2H				
V. Summary of Inspections	Total Wells	A	Number of Wells Inspected			35	50		6		198	
	Total Inspections	B	1. Number of Mechanical Integrity Tests (MIT) Witnessed			15	10		0		0	
			2. Number of Emergency Response or Complaint Response Inspections			0	0		0		0	
			3. Number of Well Constructions Witnessed			1	0		0		0	
			4. Number of Well Pluggings Witnessed			2	0		0		0	
			5. Number of Routine/Periodic Inspections			22	47		6		220	
VI Summary of Mechanical Integrity (MI)	Total Wells	A	Number of Wells Tested or Evaluated for Mechanical Integrity (MI)			5	16		4		0	
		B	No. of Rule-Authorized Wells Tested/Evaluated for MI			0	0		0		0	
	For Significant Leak	C	1. Number of Annulus Pressure Monitoring Record Evaluations		Well Passed		0	0		4		0
					Well Failed		0	0		0		0
			2. No. of Casing/Tubing Pressure Tests		Well Passed		4	16		0		0
					Well Failed		1	0		0		0
			3. Number of Monitoring Record Evaluations		Well Passed		0	0		0		0
					Well Failed		0	0		0		0
			4. No. of Other Significant Leak Tests/Evaluations (Specify)		Well Passed		0	0		0		0
					Well Failed		0	0		0		0
	For Fluid Migration	D	1. Number of Cement Record Evaluations		Well Passed		30	26		4		0
					Well Failed		0	0		4		0
			2. Number of Temperature/Noise Log Tests		Well Passed		0	0		0		0
					Well Failed		0	0		0		0
			3. No. of Radioactive Tracer/Cement Bond Tests		Well Passed		0	0		0		0
					Well Failed		0	0		0		0
			4. No. of Other Fluid Migration Tests/Evaluations (Specify)		Well Passed		0	0		0		0
					Well Failed		0	0		0		0
VII. Summary of Remedial Action	Total Wells	A	Number of Wells with Remedial Action			1	0		2		0	
	Total Remedial Actions	B	1. Number of Casing Repaired/Squeeze Cement Remedial Actions			0	0		2		0	
			2. Number of Tubing/Packer Remedial Actions			2	0		0		0	
			3. Number of Plugging/Abandonment Remedial Actions			0	0		0		0	
			4. Number of Other Remedial Actions (Specify)			0	0		0		0	

VIII. Remarks/Ad Hoc Report (Attach additional sheets)

Certification

I certify that the statements I have made on this form and all attachments thereto are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.

Signature and Typed or Printed Name and Title of Person Completing Form

Danny Wandling ERS

Date

10/1/2014

Phone No.

304 389 7622



EPA

U.S. Environmental Protection Agency
Office of Drinking Water
Washington, DC 20460
UIC Federal Reporting System
Part IV: Quarterly Exceptions List

(This information is solicited under
the authority of the Safe Drinking Water Act)

Form Approved
OMB No. 2040-0042

I. Reporting Period

From

1-Oct-13

To

30-Sep-14

V. Summary of Violations

Mark ('X') Violation Type

Unauthorized Injection	Well Mechanical Integrity	Injection Pressure	Plugging and Abandonment	Formal Order	Falsification	Other (Specify)
------------------------	---------------------------	--------------------	--------------------------	--------------	---------------	-----------------

Date of Violation

VI. Summary of Enforcement

Mark ('X') Enforcement Type

Notice of Violation	Consent Agreement	Administrative Order	Civil Referral	Criminal Referral	Well Shut-in	Pipeline Severance	Other (Specify)
---------------------	-------------------	----------------------	----------------	-------------------	--------------	--------------------	-----------------

Date of Enforcement

VII.
Date
Compliance
Achieved

None

Certification

I certify that the statements I have made on this form and all attachments thereto are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.

Signature of Person Completing Form

Typed or Printed Name and Title

Danny Wandling ERS

Date

10/1/2014

Phone No.

304 389 7622